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CANADA MEDICAL AND SURGICAL JOURNAL.

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Contents.

ORIGINAL COMMUNICATIONS.

Medical Faculty of McGill College, Lecture by Dr. George Ross, before the Faculty on the opening of the Session..... 193

Treatment of Diphtheria.—By G. R. Cook, B.A., M.D., Gananoque, Ont..... 205

CORRESPONDENCE.

A visit to the Paris Hospitals.—By R. L. McD..... 207

REVIEWS AND NOTICES OF BOOKS.

Chemistry, General, Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia. Philadelphia, Henry C. Lea, 1876..... 210

A System of Midwifery, including the diseases of Pregnancy and the Puerperal State.—By Wm. Leishman, M.D. Second American from the second revised English Edition. Philadelphia, Henry C. Lea, 1875..... 212

A Treatise on the Science and Practice of Midwifery.—By W. S. Playfair, M. D. Philadelphia, Henry C. Lea, 1876..... 213

SELECTIONS.

The Inheritance of Syphilis..... 214

Electrolytic Treatment of Tumours. 218

Cure of Tetanus by Mechanical Measures..... 220

Treatment of Acute Albuminuria. 220

Death from Hæmorrhage into the Bladder..... 224

Injecting the Male Bladder without the Aid of a Catheter..... 225

On the Coincidence of Pulmonary Phthisis with Valvular affections of the Heart..... 226

Poisonous condition of the blood of some slaughtered animals. 227

Glycæmia..... 228

Malformation of the small Intestine 229

Treatment of certain forms of Acne 220

The Etiology of Herpes Zoster.... 230

Inflammation of the Breast in young Men..... 231

Treatment of Umbilical Hernia in Infants..... 232

The inutility of Cutting the Frænum in new-born infants, by Dr Bailly..... 232

Hyoscyamine..... 233

Bicarbonate of Soda in Toothache. 233

Hyposulphite of Soda in the treatment of Boils..... 233

Nitrate of Soda in Dysentery..... 233

EDITORIAL.

The Heredity of Syphilis..... 234

Our Civic Small-pox Hospital..... 236

The New Corporation By-law..... 238

The Physician's Visiting List for 1877..... 239

William R. Warner & Co..... 240

Errata in Dr. Stark's article in the last number of this Journal... 240

All Communications, Exchanges, and Books for Review, must be addressed to the Editor, GEO. E. FENWICK, M.D., Drawer 386, Post office, Montreal, and Post-paid. Communications for insertion must be received before the 15th of the month.

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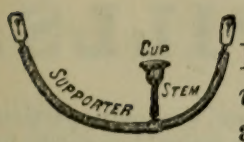

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MEDICAL FACULTY OF McGILL COLLEGE.

LECTURE BY DR. GEORGE ROSS BEFORE THE FACULTY ON THE OPENING OF THE SESSION.

GENTLEMEN,—The introductory lecturer of Westminster Hospital last year very truthfully remarked that he was sure both speaker and students would much prefer a day's shooting to either giving or hearing an introductory lecture. This year the lot has unfortunately fallen upon me to perform that duty, and I cannot say that I have accepted the honor with feelings of unmixed gratitude, but must endeavour to accomplish the task as best I may. To those of you who are here for the first time as students of this University it is my pleasant privilege to offer, on the part of this Faculty, a hearty welcome. To those who having been, are returning here once more, we beg to say that we are glad to see you all, and trust you come filled with the determination to continue the prosecution of your studies with renewed zeal and interest. We do not for a moment suppose that the long vacation since last session has been to you simply a continued rest or interlude from study. On the contrary, we would believe that much of it has been spent in furthering your enquiries, and extending your knowledge of the subjects entered upon during the earlier portion of your curriculum. Some of you, indeed, we know have devoted much of

this time to following the practical courses originated this year for the first time in our University in the form of a summer session. And here I will remark that the institution of this summer session for practical courses and special series of demonstrations, was felt by the Faculty as imperatively called for and I feel that the appreciation accorded it, as shown by the unexpectedly large attendance, proves that its introduction has filled a want which was beginning to be felt. The number of subjects included in the study of medicine, has been for some years back steadily increasing. The standard of proficiency demanded in any of them has also been continuously raised. Now, the effect of all this has naturally been to magnify to a large extent the amount of technical knowledge it is absolutely necessary to obtain in order to pass the required examinations To accomplish this necessitates the employment of much time in purely didactic teaching, with lectures and weekly examinations; and thus against his will, the student finds himself to some extent obliged to give all his energies to the attendance on these and the mastering of their subject matter to the exclusion of other more practical and therefore more interesting and ultimately instructive and truly educational subjects—those I mean in which he himself is the actual observer, receiving his knowledge directly from the application of his own senses, such as practical physiology, practical chemistry, practical clinical work, ophthalmology, &c. The time of the student now during the winter session, is every moment so occupied by the acquirement of what he soon will need for the satisfaction of the examiners that what does not immediately bear on this is only too apt to be relegated to a later season, and then perhaps come ultimately never at all. And it is well to remember that science begins with the careful observation of facts, and ends with the systematic statement of what is observed, and this is the order and the way in which the student is most likely to be allured into studious habits and into a scientific frame of mind. Gentlemen it does not require that I should expand into any panegyric upon the profession of medicine. Your presence here to-day of itself, is proof sufficient that you deem that noble profession one worthy

to receive the devotion of your life. You are not indeed mistaken; the profession of medicine affords to its votaries—those at any rate who are true and faithful to her teachings—a sure reward for all the toil and trouble they may take to enquire into her mysteries. It is in its essence a combination of science and of art. The science, like all science, is illimitable, and lays under contribution all true knowledge in whatever department it may have come to light. The art is continuously progressive, always improving and endeavouring to furnish the means of keeping pace with the scientific requirements. Here then, surely is a field large enough to satisfy the most ambitious for the employment of his talents and the occupation of his time. And then consider the subject matter. What is it that thus engages the attention of so many master-minds of every community who are always found enrolled within our ranks? Nothing less than the study of man himself—man in all his relations, social, moral and intellectual—as well as purely physical. It is the study of the development of that noblest work of God—who was actually made in the image of his Creator—of his development traced from the microscopic maternal ovum to the perfect creature in all his pride of physical perfection and towering mental superiority. It is the study of the beauty, uniformity, ingenuity, and marvellous applicability to intelligent purpose of every separate portion of his wonderful frame. It is the minute examination by cunning mechanical contrivances into the very minutest recesses of every atom of every structure of which these parts are composed. The study of the chemical composition of all these varied tissues and fluids, the study of the changes taking place in this complex body as long as what we call life endures—the laws which govern changes and control function, and ultimate in causing death; and after death the study of the appearances caused by prematurely perverted vital laws or found as a result of the great and universal law of finality. This constitutes the study of medicine proper, based upon a due understanding of anatomy, physiology and chemistry. Did the world so exist that simply men and women were born, lived and died with constitutions perfect and minds and bodies obeying always the healthy laws

of Nature, the end being simply brought about by a gradual change in the structures and organs of the body,—such as what we call old age—I say if this were the case, then would there never have arisen the necessity for medicine or physicians. But this is not so, and never will be. If it were, the studies of physiology and anatomy would then be followed simply for the obtention of knowledge and truth, and not with the view, as now, of making such knowledge subserve an ulterior purpose towards our race. In the earliest records of the human race we find evidences that disease, with all the pain and suffering it entails, was not unknown. Besides, therefore, studying as mere *dilettanti* the mysterious workings of the human body through simple thirst for knowing, it is a matter of the most vital importance to all mankind to have these mysteries understood and explained. The existence, then, of disease has led to the development of a system of therapeutics, or means of cure, medicinal or otherwise,—and to accomplish this we further require our armamentum, or Materia Medica, which furnishes us with the necessary means for the accomplishment of that end. You should never forget that the chief end and aim of medicine is to cure and to relieve. Lamartine has well said: "La médicine guérit quelquefois, soulage souvent, console toujours." Depend upon it, the public will never tolerate us or pay us fees merely to stand by the bedside of those they love as mere scientific observers, or a sort of Greek chorus, for although there be times when the highest wisdom is to hold our hand lest we rudely quench the struggling spark of life, it far more often happens that we can do much either to cure or relieve pain. But to do so we must learn all we can, and must ever be learning. Again, "Prevention is better than cure." That trite and well-worn adage is undoubtedly to be the coming watchword of the medical profession. You will at once perceive that I refer to sanitary science. It is not new. The code given by Moses contains admirable sanitary directions. But sanitation, *i.e.* the endeavor to preserve health so that we shall not have disease to cure, long fell into disregard. Of late years, however, we all know what energy has been applied

towards this most useful of all the useful branches of medicine. It is necessarily to medicine that the people must look to be taught the means for carrying out this desirable object. Medical men know more of diseases than other people do; they not only know much about the remedies that have to be employed, but they of necessity know much about the ways in which they may be prevented. Are they not then bound to use their knowledge for the good of mankind? Are they not bound to make that knowledge as perfect as they can? Sir William Jenner, in a recent utterance, said: "No one acquainted with the present state of the science and art of medicine will for a moment question that to prevent disease is its first and most important aim." And likewise Sir William Gull: "It is enough for us that diseases prevail to stimulate our best efforts for their prevention, without our asking a question beyond." Besides, think for a moment what has already been accomplished in this way. Look at the discovery of vaccination, the preventive of small-pox, the most terrible and fatal plague that ever appeared on the face of the earth. Ignorance and prejudice still exist against the reception of this inestimable boon—notably in this unhappy city of our own. But light must surely come some day to the darkened minds of the dupes of the Coderre school. A year ago the German Parliament passed a law making vaccination and re-vaccination compulsory throughout the empire. Let us hope that this will give us soon the unexampled spectacle of an entire country freed from this horrid pestilence by the wisdom and foresight of their rulers, guided by the teachings of sanitary science. The day will shortly come when every one of you whom I now address will be in a position to help in procuring the passage of a similar law in this country, and it will be your duty to do so—a duty you owe to the memory of Jenner. Again, think what the science of preventive medicine has done for scurvy, that decimator of the armies and navies of the world. It is virtually gone. Typhus fever has also almost disappeared, and we have a right to hope the day is not far distant when enteric fever will share the same fate. This faculty do not include this branch amongst those compulsory to the

student, and in doing this we have the support of the practice followed by nearly all the British universities. It is well that this fact should be stated, because a recent attempt has been made to discredit our curriculum on that account. The ultimate end of your study is to obtain a well grounded knowledge of the three great divisions of medical science and art—Medicine, Surgery and Midwifery. They constitute the triple structure upon which you are to build, and it is to be erected on a triple foundation. Anatomy, Physiology and Chemistry are the three corner-stones on which the erection is to be based. Materia Medica, Medical Jurisprudence and Hygiene are, in effect, based on and compounded of other sciences. Could you but have presented to you at once all the details of the work upon which you are about to engage it would indeed appear huge, colossal, impossible of attainment. Fortunately, you cannot thus grasp at once the entire range of subjects which you will have to traverse. But separate portions being successively laid before you, you will be able to seize them one by one, and finally end by possessing more than at first your most sanguine hopes would have induced you to anticipate. Timber to timber, stone to stone, and brick to brick, must be gradually, with toil and patience, put together—the entire structure of your knowledge. Do not, then, allow yourselves to become faint-hearted at the load of labor that presents itself to view, but only let its contemplation make you more earnest and determined to make good use of every moment at your disposal. I do believe that you need but little urging to work. But there are different ways of doing this work as every other. Done in one way the energies will be found to have been frittered and wasted and the result to be comparatively small, whilst carried on after a different method a much greater result will surely be achieved by a similar expenditure of force. Work applied to scientific pursuits differs much from that in letters pure. It has been well said that "learning and knowledge in science, as in life, are distinct: whereas in the world of letters learning and knowledge are one." In medicine you will quickly find that your books and your teachers are guides

only; you cannot depend on them exclusively. New problems in disease, caused by a never-ceasing change in the circumstances acting on the organism will speedily necessitate your judging for yourselves. The best teaching you can have is that which leads you to educate your reasoning powers instead of stultifying them by artificial tricks of memory, or other similar devices, which leave in the mind a verbal existence only instead of establishing therein some definite image. A recent periodical thus clearly puts this point: "A good or bad memory is a good or bad understanding. The faculty of recollection, or the power of recalling a piece of knowledge when it happens to be wanted, is chiefly a matter of *method*." It is useless throwing detached facts into the mind like loose pebbles into the sea. That is the way to lose them. Each point must be studied in detail, and when this is done a host of subsidiary facts and conditions will be discovered connecting it to other facts of memory with which it should be habitually associated. These secondary qualities and properties form the strings of thought by which Nature has ordained that the lessons she teaches shall be recollected. Artificial memories are miserable substitutes for the natural connecting links of knowledge thus provided. If, instead of wasting precious time and equally precious brain-power driving things into his memory, the student will devote an equal amount of energy to the full and exact comprehension of his work—for example, the facts and circumstances that determine the number, shape, and direction of the ridges on a bone, or the foramina by which it is perforated, the course and relations of an artery, the number and distribution of the branches it gives off—he will not only have the subject fixed more permanently, but he will acquire so much collateral information in this natural process of study, that presently he will find himself making unexpected progress. In short, it is good policy to leave the contingency of remembering alone, and to concentrate the whole attention on the present duty of learning with the warning consciousness that nothing is "really *learnt* which is not thoroughly understood." Medicine is advancing daily, and in such advance "the ultimate

court of appeal is observation and experiment, and not authority," and the sooner you educate yourselves to observe, clearly and carefully, and to draw correct inferences from your observations, the more self-reliant you will become, the less liable to be turned hither and thither by every new-fangled idea in medical doctrines, and the less servile a follower of some dominant theory or captivating teacher. "L'homme," says Paschal, "est visiblement fait pour penser ; c'est toute sa dignité, et tout son merite, et tout son devoir est de penser comme il faut." Thus the more the didactic lecture system is supplanted by the constant concurrent employment of practical demonstrations and investigations in which the student himself is the active worker, the more true to its real purpose will the teachings be. To enlarge this sphere of education is the tendency of all progressive establishments for the instruction of students of medicine. In this College a large field is opened out to you by the ample opportunities afforded in a carefully-conducted dissecting-room—a laboratory for practical chemistry—courses of practical micros copy, and a large hospital, where clinical work is much insisted upon. And here I would like to express a hope that before long our student may also be found in possession of an efficient physiological laboratory, an object which the present requirements of a complete medical education absolutely demand. Indeed it is not too much to expect that the Introductory of next session shall contain an allusion to this addition as a then accomplished fact. Your aim then should not be to learn servilely for the mere purpose of knowing so much, but to learn so that you may be by so much the better educated. Even so, the absolute handiwork of your profession must never be neglected. The habit must be acquired of being able to use your hands and to use them well. Without this, when brought face to face with actual disease or accident, all your knowledge is in vain. A surgeon once pithily said of one of his dressers, "He has learnt everything ; he can do nothing." He alone is learned who reduces his learning to practice, and practical skill without learning degrades our profession to the level of the days of barber-surgery and mediæval medicine. I need hardly say that it is only

in hospitals that a student can acquire this manual dexterity. Frequence and regularity in attendance at the hospitals cannot be too much insisted upon. Care, attention, and application to the work going on there cannot be too much commended. It is often quite possible to forecast the probable future success as practitioners of medicine of the individual members of any class by an observation of their daily conduct in these respects. Trousseau calls the clinique the cope-stone of medical study. I do not consider that I detract in any way from the relative importance of any of the other branches, if I permit myself to add a few more words to you on the subject of clinical study, in which I am myself more immediately engaged. Frequent practice in hospital wards, we have said is absolutely essential for abtaining familiarity with surgical manipulations. So, also similar, though different, practice is equally essential for acquiring the ability to institute a practical diagnosis. The first requirement for an accurate diagnosis is to learn to recognize morbid signs. This is what you have to learn to be able to do, and it is practice alone, the constant exercise of one's own individual faculties, his sense of sight and hearing and touch and smell, which will ever make him proficient in the art. To be able to recognize morbid signs you must accustom yourself to be about and amongst sick people, constantly examining, enquiring and observing. Book learning alone can never suffice to enable you practically to interrogate patients, to know and appreciate healthy and morbid physical signs and sounds—to handle and intelligently use our aids in physical examinations, the stethoscope, ophthalmoscope, thermometer and laryngoscope, to estimate peculiarities, mental and physical, of various individuals, to ascertain the true action and therapeutical value of various drugs, to be familiar with the pathological appearances presented by the human frame diseased. All these and a thousand other things can be acquired by experience alone, and to enable a student to obtain this experience he must frequent his hospital and must study medicine clinically. "When you are young," said the great Trousseau, "let your fields be the hospitals and the clinics, and when your knowledge has increased

let the hospitals and clinics still be your fields of industry. By pursuing this plan you will attain expertness in your art, knowing what science teaches and having the power within yourselves of originating." In former days didactic teaching had not been systematized, experimental investigations, morbid anatomy and reasoning therefrom were hardly dreamt of, but observation alone was trusted to obtain a stock of medical lore. To illustrate which, and to contrast with the education of the present day, I may quote for you the following passage from a book more than 200 years old, entitled "The Accomplisht Physician, the honest Apothecary and the Skilful Chirurgeon." It says: "First, it's most necessarily requisite our young student should be perfectly instructed in the Latin and Greek tongues, being the universal keys to unlock all those arts and sciences, and no less a grace to the future physician. Secondly, being thus qualified for a student, he ought to apply himself close to the study of philosophy, for which Oxford and Cambridge may justly challenge a pre-eminence over other Universities. But because, according to the first master, Hippocrates, art is long and life is short, he ought to ingage his diligence, to absolve his philosophical course in two years at least, and in the interim, for his recreations and divertisements, enter himself scholar to the gardner of the physic garden, to be acquainted with the fætures of plants, but particularly with those that are familiarly prescribed by practitioners to prevent being outwitted by the herb-women in the markets, and to enable him to give a better answer than it is storied once a physician did who having prescribed maiden hair in his bill. the apothecary asked him which kind he meant. T'other replied, "some of the locks of a virgin." Thirdly, Supposing our student to have made a sufficient progress in philosophy, he may now pass to Leyden, and enter himself into a Collegium Anatomicum. A proficiency in that part fits him for a Collegium Medigium Institutionum, and afterwards a Collegium Practicum, and then it's requisite he should embrace the opportunity of visiting the sick in the hospital twice a week with the Physic Professor, where he shall hear him examine those patients with all the exactness imaginable, and point at every disease and its

symptoms as it were with his finger, and afterwards propose several cases upon those distempers, demanding from every young student his opinion and his grounds and reasons for it, withal requiring of him what course of physic ought to be prescribed." He then advises the student to live a year with an apothecary to learn compounding, to sojourn another year with a chirurgeon, so as to see him dress his patient's wounds, and thus to acquire that art also. He must then visit Paris, Boulogne, Montpelier and Rome, and see the practice of the great physicians there; by which, he remarks, one will be raised far above those vulgar ones who have never felt the cold beyond the chimneys of their homes. Of this travelled and accomplished physician it is finally observed: "The vulgar will then be able to discern the difference between him and the ordinary churchyard physicians, who by their sordid deports and dangerous practices make it their business to ease the blind people of the weight in their pockets, and plunge them into worse diseases." Now, gentlemen, I think, I have spoken enough about work, let me say a word about its lawful opposite—rest. You, above all others, should remember that brain-work as well as all kinds of physical work or manual labor requires for its accomplishment destruction of matter. The one therefore no more than the other, can be *continuous*—the attempt to make it so, or nearly so, must surely and inevitably lead to failure. Do not then fall into this error. Regulate your hours of study, so that they shall not interfere with a rational amount of suitable exercise and needed repose. Regularity and steadiness at your work will always enable you to do this. The arrangements of the curriculum may appear to you in many respects unreasonable. They are not perfect. But bear in mind that the parts which seem to you to be faulty have objects which you may not now perceive. Patiently endeavour to make the most of what appear to you its useless provisions. Your patience will often be tried by having to listen to what seems out-of-place accounts of departments of knowledge as yet quite unfamiliar. Do not "cut" lectures because you do not see their value. Endeavor to attend them regularly and to carry away as much as you can, and you will find your sub-

sequent work in other subjects as well as in that department rendered easier. There are two kinds of students who are apt to suffer from overwork—one is the extra-diligent student, working hard and striving, it may be, for a prize. To him we would say: Be careful; the last straw breaks the camel's back. There is a limit beyond which you cannot safely go. The other is he who, having let slip precious hours as the session has glided swiftly by, wakes up at last to the alarming consciousness that he must prepare to meet his examiners. To any who feel conscious of an innate tendency to slothfulness or procrastination we would say: Be diligent from the outset, and then at the end there will exist no necessity for that excess of work against which we now would warn you. Work therefore, but also rest, and be sure your efforts will be crowned with success. Manner is probably more looked to in the practising physician than in one of any other profession, and naturally so, because, being frequently from the nature of his calling intimately and confidentially associated with persons themselves of refined and cultivated manners, anything less on the part of a medical attendant is necessarily criticised, and is obstructive to his success. Aim, therefore, to cultivate during your pupilage kind, genial and considerate conduct towards each other, and towards all, which will surely mould such an habitual demeanour as it should be your desire to possess. Believe me, the age of Abernethian asperities is not the present—nor suppose that it is an indication of a virtuous and independent mind to speak curtly, gruffly or unsympathizingly to the sick. On the contrary, a kind word is always in place, and is sure to carry its own reward. I would conclude, gentlemen, by once more bidding you all a cordial welcome, expressing a hope that this session will witness a continuance of the same mutual cordiality and confidence which has always hitherto characterized the relations of the teachers and classes of McGill University.

THE TREATMENT OF DIPHTHERIA.

By G. R. Cook, B.A., M.D., Gananoque, Ont.

As the treatment of diphtheria is receiving a great deal of attention at the present time, the experience of even a junior member of the medical profession may not prove unacceptable. During the past three months twenty-four cases of diphtheria have come under my notice, most of them occurring in children.

The first was a girl aged twelve years, previously strong and healthy, who was suddenly seized with pain in the head and throat, accompanied by great depression of the bodily powers. As she had previously had tonsillitis, not much alarm was felt in the family, and the usual household remedies were employed. After forty-eight hours, as she became much worse, I was summoned, and I found the tonsils, uvula and pillars of the fauces covered with dirty grey or ash-coloured patches, while there was so much swelling that she could scarcely swallow, and the attempt caused her much pain.

Recognising the severity of the case, I at once proceeded to treat according to the rules laid down by our Professor of the Practice of Medicine, and also after the manner of that celebrated German, Oertel. But, alas! each dose of medicine (iron in full doses, quinine to control the temperature, and sulpho-carbolate of soda as a parasiticide) seemed to give the disease a fresh impetus; each hot application to the neck apparently called up a fresh feast for the micrococci; each inhalation of steam only caused these microscopic organisms to seek refuge in the deeper tissues; and the constantly repeated gargling with solutions of chlorate of potash, chloride of sodium, chlorinated soda and solutions of carbolic acid and iodine, utterly failed to lessen the fetor which emanated from the mouth and nostrils. Nourishing diet and stimulants were given at regular intervals, but, notwithstanding the good nursing and treatment, both dietetic and medicinal, which she received, each succeeding effort to rescue the sufferer from the grasp of such myriads of living organisms was attended with more discouraging results

than the former one, until after an illness of six days septicæmia struck the fatal blow.

Since this, I have adopted a different mode of treatment, which has been attended with much success. Upon recognising a case to be one of diphtheria, I at once order a purgative, and I prefer a saline. The circulation is much disturbed, the head and neck being very hot and dusky, while the feet are cold and clammy; I therefore next endeavour to restore the equilibrium by bathing the feet in water as hot as it can be borne, until they glow—in some cases repeating this hourly, and continuing to do so at intervals, as it may be necessary, for two or three days, at the same time towels wrung out of ice-water are applied to the forehead and throat, and changed as often as they become warm, which at first appears to be almost every minute. These I continue night and day until evidences of local excitement are subdued. The patient is to use ice constantly during this treatment. The medicinal treatment I look upon as of equal importance, and is a valuable adjunct to the cold. To eight ounces of a saturated solution of chlorate of potash, one drachm of hydrochloric acid is added, and a teaspoonful every three hours is given to a child of three or four years of age—the dose for children of six years and upwards being a dessertspoonful. In some cases this mixture is given alternately with salicine every two hours, as I believe that the latter, besides possessing antiseptic powers, promotes digestion. Sometimes the mouth is washed out or gargled with a solution of chlorinated soda, but with this exception no gargle is used.

Stimulants and nourishing diet in a liquid form are given from the outset, and of course special symptoms must be treated as they arise. I do not know whether the cold destroys the microscopic organisms directly, or whether they cease multiplying and die because the action of the cold on the affected textures deprives them of support, but the latter, I think, is the probable cause, as after a few hours' perseverance in the treatment the mucous membrane becomes pale and bloodless, the patches cease to spread, the ashen hue turns to white, the breath soon becomes sweet, and a bright line of demarcation

separating the affected from the non-affected portions may be distinctly seen to retreat and carry with it the crumbling edges of the patches until all are obliterated.

I have treated upon my plan nineteen cases, some being well advanced and severe, and in no instance has the disease lasted beyond seven days. Not one proved fatal, and only one showed symptoms of diphtheritic paralysis, from which, however, a perfect recovery was made. To strengthen what I have said, I may add that diphtheria proved very disastrous to some families in this locality, suddenly sweeping away all the younger members, notwithstanding all the efforts of the attending physicians.

Correspondence.

London, Sept., 1876.

My Dear Mr. Editor;—In keeping with a promise, made to you last spring, I propose to give you a short and imperfect account of the medical sights one may see in a short stay in Paris. As you well know, there are so many Canadians who have visited the London Hospitals, so many who are at present here, and so many who are likely to come over at one time or another, that it is unnecessary for one to enter into any description of them or to tell you of the various modes of practice to be seen in England. Not many of us make their way to France, and of these few the majority hurry to Germany, now so thronged with foreign students.

In writing a letter of this kind, two extremes are to be avoided. If you confine yourself to personal experiences your writings will savour of egotism, whilst on the other hand, if you deal merely with general facts you put yourself under the suspicion of having filched your information from the Paris Guide-book.

The Parisian Hospitals are all governed by one board, that board being under the direct control of the Government. This system possesses many advantages, as we can readily imagine, but on the other hand there is a lack of that rivalry between

hospitals which acts so beneficially in keeping up the efficiency of the staff, and in creating a desire to afford the students the best instruction possible.

Another feature which seems peculiar to French hospitals, is the large amount of work done by the "internes" or house staff. These appointments are held for a space of four years, and during that period the men are changed from hospital to hospital, so that when their time expires they have had extensive experience both in the general and special departments of the profession. The Hôtel Dieu is always the first place visited by strangers, on account of its being the oldest and the best known of the Parisian Hospitals, as well as by reason of its proximity to the Cathedral of Notre Dame, one of the finest sights in the place.

The interior of the building with its small narrow staircases and passages, reminds one not a little of the tower of London. The wards though low and rather too crowded, are kept beautifully clean and neat. Like most foreign wards they are very large, some accommodating over a hundred patients. The surgical practice of the Hotel Dieu seems very extensive, probably due to its position amongst the dwellings of the poorer population. The surgeon there whose reputation stands the highest is M. Richet. He was, unfortunately for me, taking his summer holidays, and so I can tell you nothing of his practice. In the treatment of burns and scalds they have recourse here to a method somewhat novel. The injured limb is enveloped in cotton wadding, almost six inches in thickness, over this rollers are applied, and the limb allowed to remain undressed for several weeks. How this plan answers I cannot say, as my stay in Paris was not of sufficient length to allow me to see the results.

A thing which strikes one as a great defect in the Parisian system, is that too many patients are allotted to one medical man. You know how few patients a London surgeon sees, and how much care and attention is devoted to each one. The reverse holds good there. The visiting surgeons in some hospitals see almost a hundred patients a day. It is really hard to

understand how they can sufficiently study the clinical phenomena daily presented to their notice either for their own or for their students' instruction.

The Hôpital Boujeau is a very large one, in fact one of the largest here. At this institution the surgical patients, those with suppurating wounds, are treated out of doors, in tents. This plan seems an excellent one, and one which, I should think could easily be carried out at the Montreal General Hospital, during the summer months, when the house is full and the surgical practice at its height. Among the many cases in the wards of this hospital was one of double hip disease in a girl twenty years of age.

Through the kindness of M. Péan, of the Hôpital St. Louis, to whom I brought letters of introduction, I was enabled to witness one of his operations of ovariotomy. It was a private case, and the operation took place in one of the convents in the suburbs. The tumour was exceedingly large and consisted of one entire cyst. M. Péan operated with remarkable rapidity and coolness. As at all French operations, the "pinces hémostatiques" were used in large numbers to control the bleeding from the abdominal incision. These instruments are merely modified torsion forceps, and are applied to all the bleeding points in the exposed tissues. One frequently sees as many as twenty or thirty hanging on the edges of a wound at the same time. But to return to our tumour. The incision extended rather high up, about an inch above the umbilicus. The fluid was removed with a large aspirator capable of holding several gallons. There were no adhesions. The pedicle, which was long and narrow, was fixed in the abdominal incision by long pins, while hare-lip pins united the edges of the incision.

After having nearly died from the heat of a Parisian summer —I refer to myself, not the patient—I returned to London to find everybody out of town. Physicians, surgeons and accoucheurs had with one accord departed, leaving the assistants to do the work. There was then, and there is now, great talk about the Turco-Servian war. Mr. MacCormac, of St. Thomas', whose reputation as a military surgeon was

established in the Franco-German war, had already gone. He was soon followed by Mr. McKellar, one of the assistant surgeons, who brought with him some six or eight dressers selected from the students of the hospital. Since that time many have gone to the seat of war. There are three ways of going: with the Servians, where you run the chance of being hanged by the Turks; with the Turks, where you are likely to have the pleasure of seeing your English friends being put through that process; and with the National Society for Aid to the Sick and Wounded in War, where you may get shot by both parties. Altogether, the best thing to do is to stay at home.

The medical world has been in a state of excitement for some time about the celebrated Bravo poisoning case. I believe the dispute between Sir William Gull and Dr. Johnson is still *sub judice*, the profession being divided in opinion as to who was in the right.

The outcry about vivisection seems to have entirely subsided. The silly sentimentalists who were wont to revel in the horrors of imagined cruelty to the lower animals, have now, fortunately for science, a congenial employment in raising an equally absurd but more hurtful agitation about the greater atrocities perpetrated in Bulgaria.

R. L. McD.

Reviews and Notices of Books.

Chemistry, General, Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia; a Manual on the General Principles of the Science and their Applications in Medicine and Pharmacy. By JOHN ATTFIELD, Ph. D., F.C.S., &c. Seventh edition. Revised from the sixth (English) edition by the author. Philadelphia: Henry C. Lea, 1876.

That the Manual before us has met with such support from the public as to require in so short a period the issuing of a seventh edition, is a subject on which the author may well be congratu-

lated, and it is but a just tribute to the care and attention with which he has carried out the task he has set himself, and an evidence of the success he has attained in the fulfilment of his intention of writing a handbook for students of chemistry as applied to medicine and pharmacy. The present volume is the seventh edition published in Philadelphia, and like the third and fifth editions contains the chemistry of the United States Pharmacopœia. It brings up our knowledge of the subject to the present date, and has been enriched with numerous wood engravings illustrative of apparatus and modes of work.

In the beginning of the book are some hints to students, which we commend to their earnest perusal.

There is also a very complete list of apparatus and re-agents required by the student with this handbook in hand. There is a list of contents in the beginning and a most copious index at the end of the book, making the work very complete as a book of reference not only to the student but also to the practitioner of medicine.

There is an excellent chapter on Chemical Philosophy.

The arrangement of the work is admirable, and to each element its more important compounds used in medicine or pharmacy is given, together with both synthetical and analytical reactions.

The systematic analysis of compounds, substances or fluids is also treated of, and copious tables are given showing the modes of systematically separating the different elements from one another.

To the student who has carefully studied the book and gone through the various operations therein given, and who has tested his work by answering the questions which are so liberally distributed throughout its pages, an ordinary examination in the professions to which this work is particularly addressed should present no difficulty.

There are, towards the end of the book, chapters on analysis both qualitative and quantitative, and also on toxicology and analysis of morbid urine, and urinary calculi; it also contains

copious tables of weights and measures, and of the solubility of salts, and a large and full table of officinal tests for impurities in preparations of the British Pharmacopœia, with a reference to the page where the test is more fully considered.

It is only necessary to see the name of the publisher to know that the paper, printing and general appearance of the book are all that can be desired. We cordially recommend the Manual to all students or practitioners of medicine or pharmacy—from it the former will obtain, by careful study, a thorough knowledge of the subject, and the latter will have at hand a never-failing book of reference.

A System of Midwifery, including the diseases of Pregnancy, and the Puerperal State. By WILLIAM LEISHMAN, M. D., Regius Professor of Midwifery in the University of Glasgow, &c., &c. Second American from the second and revised English Edition, with additions by John S. Parry, M. D., Obstetrician to the Philadelphia Hospital, &c., &c. 8vo. pp. xxiv. 766. Philadelphia: Henry C. Lea, 1875.

On a former occasion we noticed at some length the first edition of this excellent manual, so that it will be unnecessary to go fully into the consideration of this the Second American from the second revised English edition. Since the publication of Tyler Smith's lectures on Midwifery, no text-book which was in reality the exponent of British practice had appeared in the English language until Dr. Leishman supplied the want by his system of widwifery which was published about three years ago. The value of this work is fully attested by the exhaustion almost complete of both the English and American editions of the first issue. In this edition the American editor has added such notes as are deemed essential to the American Practitioner. He has also added a chapter on Diphtheria, and one on Puerperal wounds. There will be found also in addition some illustrations representing some modifications in obstetrical instruments employed by practitioners on this continent. The chief feature in this work is the exactness in description of the

mechanism of labour; it exhibits most accurate observation and is a perfect analysis of the subject; it is clear precise and masterly. The work is in every way a valuable addition to the works already before the profession on the science and practice of obstetrics, and will, we doubt not, be the favorable text-book used in our schools. It fairly represents the present state of knowledge on the subject of obstetrics, and may be fully trusted by the practitioner, as it contains all the information requisite, set forth in pleasing and judicious language. The style is particularly clear, and very readable, and the teaching sound.

A Treatise on the Science and Practice of Midwifery. By W. S. PLAYFAIR, M.D., F.R.C.P., Professor of Obstetric Medicine in King's College, Physician to King's College, Hospital, &c., &c., with two plates and one hundred and sixty-six illustrations on wood. 8vo. pp. 576. Philadelphia: Henry C. Lea, 1876.

This work is also a valuable text-book, and we should say will become a favorite with the medical student. It will be found to embody all recent advances in the science, as well as the practice of obstetrics. The author in his preface states, that "On certain points he has recommended practice, which not long ago would have been considered hetorodox." This may be regarded as highly beneficial in a practical sense, as it shows that the author is not servilely bound by the opinions of those who have preceded him. He expresses his conviction that such changes in opinion on those points of difference will stand the test of experience. The author calls attention to the short term of three months in which the lecturer on Midwifery is expected to teach his art to his class. This is without doubt a mistake which will have to be remedied, and we fully concur in the opinion that the great importance attached to this branch of medical science in the present day will call for amendments in this respect in the regulations of the schools of Great Britain. In our own country the regulations are such that two full courses, each of

six months duration, are exacted to qualify a student to present himself for examination.

The work is in every respect a valuable addition to those already in the hands of the student of obstetrics, and we fully recommend it to our readers.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

The Inheritance of Syphilis.—The author recognises two ways in which syphilis may be inherited; in the first or congenital syphilis, properly so-called, the disease originates in a morbid state of the semen or ovum at the time of procreation. In the second, the syphilitic poison is communicated to the fœtus from the blood of the mother, this he calls "*Infectio intra uterum.*" In regard to the latter, his views are at variance with those usually accepted, for he contends that syphilis contracted by the mother *during pregnancy* cannot be transmitted to the fœtus in utero. Although nearly all authors agree in stating that syphilis contracted during pregnancy is only likely to be transmitted to the fœtus during the earlier months of that condition, a careful analysis of the literature of the subject shows that there is not a single well established case in which a child whose parents were both healthy at the time of conception, showed signs of hereditary syphilis at birth, no matter what the period of pregnancy may have been when the mother contracted primary syphilis.

According to Kassowitz, of 37 children whose mothers became infected during pregnancy, 16 died in the first month; 6 in the second and 3 in the third, but without showing any signs of syphilis; 7 lived and remained perfectly healthy. This immunity of the child notwithstanding the infection of the mother during pregnancy, is most strikingly illustrated by a case related in which a woman caught the disease from her husband in the second month of her second pregnancy, but gave birth to a

healthy child at full term. After subsequent conceptions, however, she was delivered of several still-born children, and lastly of one affected with hereditary syphilis.

On the other hand it cannot be denied that the outbreak of constitutional fever in the mother may occasion such constitutional disturbance as to cause the death of the fœtus, and abortion or miscarriage, without any infection of the latter.

The foregoing facts show that the syphilitic poison never extends through the vascular membranes which separate the circulation of the mother from that of the fœtus, in the direction of the latter.

The same law holds good in the opposite direction, that is to say, the syphilitic poison never passes through the walls of the uterine and placental blood vessels from the fœtus to the mother.

This is proved by the well known fact that syphilitic children are very frequently borne by women who themselves remain free from the disease. The author has observed 76 cases in which the existence of hereditary syphilis existed beyond all doubt, but in 43 of these the mother was free from taint; and he says moreover, that a syphilitic father after having begotten several aborted or still-born children will beget healthy children after he alone has been through course of mercury. This could not occur if the mother, who has not undergone treatment, were also the subject of constitutional syphilis

A further proof is seen in the case of women who have borne syphilitic children to a first husband, but after his death, having married a healthy man produce henceforth a healthy offspring.

If the woman becomes syphilitic in the course of her pregnancy the infection is always of external origin, that is from the man. Sometimes the supposed tertiary syphilis which is said to occur in women without primary or secondary symptoms is not syphilis at all but merely a cachexia brought on by repeated abortions.

If we acknowledge the possibility of an "*Infectio intra uterum*," there only remains the one way in which syphilis can become inherited, and that is by contamination of the product of conception by some specific property in the reproduc-

tive elements derived from one or both parents when conception takes place, and at no other time. The liability to transmit syphilis to the offspring is not confined to the period during which syphilitic eruptions occur, for it exists as long as there is any syphilitic virus in the body, and according to the author, 10 years may be taken as the average number which elapse before a syphilized person who has not been treated will cease to transmit the disease to his or her offspring.

This conclusion is not influenced by the fact recognized by the author that parents suffering from well-marked tertiary syphilis do not beget syphilitic children, because these tertiary symptoms are merely a peculiarity engendered by the syphilitic poison now nearly entirely extinguished, in consequence of which peculiarity ordinary sources of irritation call forth an excessive production of cellular elements in the parts affected.

The mercurial treatment of syphilis has the effect of diminishing or even entirely extinguishing the liability mentioned, so that syphilis inherited from persons who have undergone a proper course of mercurial treatment will occur in a comparatively mild form if at all.

The law already laid down by other authors, that " the intensity of inheritance diminishes step by step with the spontaneous wearing out of syphilis in the parents," is entirely in accordance with the observations of Kassowitz. According to this law, syphilis inherited from recently syphilized parents is more virulent than when the latter have been infected for a long time, and manifests its severity in causing abortions and miscarriages. When syphilis was first contracted during married life, in almost every instance the healthy child immediately succeeding the infection (but conceived before the latter took place) was followed by several miscarriages. The author considers that the effect of the syphilitic poison upon the fœtus is the chief cause of interruption in the normal course of pregnancy ; the fœtus dies and causes premature contractions of the uterus. This series of events occurs early in proportion to the more or less recent infection of one or both parents.

Although a post-mortem examination of the still-born child

often reveals no palpable signs of syphilis, the author thinks that this may be explained by assuming that its death occurs at an early stage of its life, before secondary phenomena have had time to make their appearance, probably in consequence of altered nutrition, increased temperature, &c. Abortion caused by syphilization of the mother is less frequent, and may be due to the fever which ushers in the secondary symptoms, or, still more rarely, to disease of the maternal placenta.*

A considerable time always elapses before syphilized parents are capable of producing children that can live. In nearly all the cases observed by Kassowitz at least three years elapsed, and in more than half of them five years. Of 330 children born to syphilitic parents, seventy-three were still-born; twenty-four per cent. of those born alive succumbed to the inherited dyscrasia within the first six months, and only two-fifths of them survived the first half-year. When a living child is born whose parents are syphilitic, the visible signs of syphilis are present at or appear within a certain time after birth, and the more intense the infection, or, in other words, the nearer the period of conception is to the time when the parents contracted the disease, the earlier these signs make their appearance. A child born with syphilitic eruption is much less likely to live than when the eruption occurs some time after birth. The specific exanthem is almost always seen before the end of the third month, very rarely as late as four or four and a-half months after birth.

When the eruption occurs as late as three months after birth it is a sign that the syphilis has almost died out in the parents, and there is reason to hope that the next child may be free from taint.

It thus appears that there is a gradual diminution in the intensity of the syphilitic poison and in the severity with which it affects the product of conception, though no rule can be laid down in this respect when the parents have undergone a course of mercury.

* Kassowitz has examined a large number of placentæ where miscarriage has undoubtedly occurred in consequence of syphilis, and finds the fœtal portion either quite healthy or only diseased to a very slight extent.

An analysis of 330 syphilitic births, the offspring of 119 marriages, shows that the transmission of syphilis is constant, inasmuch as a healthy child was never produced in the interval between the births of any two that were highly syphilized.

That the father most commonly is the source of the syphilis is to be explained on social grounds. Other things being equal, there is no difference between the two sexes in the period of time after infection during which they produce syphilitic offspring.

Scrofula, phthisis, and rickets are sometimes met with in the children of parents who have been syphilitic, though the former may not have presented any signs of hereditary syphilis; but rickets is altogether the most frequent, and the author thinks that it is caused in all probability by some specific process previously affecting the bones. Nevertheless, rickets cannot be regarded as a distinct form of hereditary syphilis.

Electrolytic Treatment of Tumours.—Dr. Julius Althaus, of London, thinks that the limits of the usefulness of electrolysis in the treatment of tumours are now so thoroughly ascertained, that they will be neither notably enlarged nor diminished by future observations. The following is a short resumé of his latest conclusions as to the varieties of tumours in which electrolysis is useful.

1. *Nævus.*—Electrolysis possesses undoubted advantages over all the other methods of treating this variety of tumour. The ordinary round, flat nævus, which is elevated but little above the level of the skin, is often cured by a single electrolytic application; but the large port-wine spots often require half a dozen sittings. Dr. Althaus uses for the operation from 10 to 15 cells of Daniell's battery, both poles being introduced into the tumour. As soon as the circuit is closed the destruction of the nævus begins, the blood-vessels and skin seeming to wither up rapidly. The destruction takes place most actively in the neighbourhood of the positive pole. The current should not be too strong nor continued too long in any one spot, or it will leave a cicatrix.

After the operation, the surface should be covered with a gold-beater's skin, but no dressing is necessary, for there is no discharge and no pain. The scab falls off in ten to fourteen days, leaving a healthy surface that gradually assumes the appearance of the neighboring skin.

2. *Bronchocele.*—Electrolysis is less painful and less dangerous than the usual surgical treatment of the cystic form of goitre. Dr. Althaus introduces two or three needles connected with the negative pole of the battery into the cyst, the positive electrode being applied to the skin in the form of a moistened sponge. The current decomposes the fluid in the cyst, and converts the solution of chloride of sodium into a solution of caustic soda, which cauterizes the secreting membrane of the cyst, and prevents the production of more fluid. Two to six applications generally bring about a cure.

The hypertrophic bronchocele is much less amenable to treatment, and is generally let alone by surgeons. When, however it becomes dangerous by pressure on the important structures, electrolysis is indicated, and may be advantageously combined with injections of tincture of iodine. The latter breaks down the internal structure of the tumour, especially when it is old and firm, and so secures a freer passage for the electric current through the mass. In recent cases the injections may be omitted.

3. *Atheroma.*—Electrolysis removes this variety of tumour quickly, and without risk, and leaves no cicatrix. The action is more rapid when both poles are introduced into the tumour, than when the negative alone is used.

4. *Recurring Fibroid.*—As the knife fails to cure this variety of tumour, Dr. Althaus thinks that electrolysis should receive a fair trial. The results he has obtained with it so far have not been particularly encouraging, probably because in all his cases the tumours had obtained enormous size, and had existed a long time. In one desperate case, on which Sir James Paget, Sir William Fergusson, and Mr. Cæsar Hawkins had refused to operate, electrolysis relieved the intense pain, and caused a diminution of the size and hardness of the tumour; but the

treatment could not be followed out for a sufficient length of time to give positive results, as the patient was unable to remain in London.

5. *Cancer.*—Although electrolysis cannot replace the knife in the treatment of primary carcinoma, it often produces excellent results in epithelioma and recurrent cancer. It cannot remove the cancerous diathesis, but it relieves the pain, enables the patient to sleep, improves the appetite, and strengthens and quiets the entire system, and so renders the last months of life more bearable.—*Berliner klin. Wochenschrift.—N. Y. Medical Record.*

Cure of Tetanus by mechanical measures.—CALASTRIE. (*Gazaetta Medic*, Lombardia, No. 27.)

A patient, who was convalescent after various attacks of hæmorrhage from the skin and mucous membranes, was wounded in the sole of the right foot and had partial tetanus result. There was considerable rigidity of the muscles of the cervical region and those presiding over the movements of the jaw. Sulphate of quinia and chloral were followed by temporary relief only. Then C. thinking that the difficulty of injecting sufficient nutriment was due to the localization of the tetanic affections in the muscles named above, concluded to overcome the rigidity by forced movements of flexion, extension and rotation. This was continued till voluntary movement became possible. The jaws were then separated little by little from day to day, until they could be more widely opened, and the patient could himself take solid food. This treatment was continued during the month of August, and by autumn the cure was completed.—*Chicago Medical Journal and Examiner.*

Treatment of Acute Albuminuria.—(By F. DE HAVILLAND HALL, M.D.)—Directly any albumen was detected in the urine, the patient was ordered the perchloride of iron, and was allowed no solid food except a little bread and milk, and as much water as he liked to drink; this treatment, together with keeping the skin gently acting, sufficed in

the majority of cases, but in a certain number the urine was almost suppressed, and in some there were uræmic symptoms. Whenever either of these contingencies occurred I forbade all food for twelve hours, the child to have nothing but water and a drink made of acid tartrate of potash (℥j. ad Oj.) in sweetened water with a little lemon-juice. If at the end of this time the kidneys were beginning to act I allowed a little milk, but not more than a pint in the twenty-four hours; if, however, the uræmia continued with little or no urinary secretion, I persevered with the water and bitartrate of potash, and in severe cases nothing else has been given for thirty-six hours. Dry cupping, mustard poultices over the loins, and a purgative were the only additional remedies employed. The explanation of the good effects of abstention from solid food, and especially meat, during the course of acute desquamative nephritis, is that if a patient is entirely deprived of nitrogenous food the work of the kidneys is lessened and the urine is rendered less irritating, and the mild diuretic action of the bitartrate of potash seems to be useful.

If any one will take the trouble to compare the treatment of acute Bright's disease as laid down in the various text-books on the subject, he will be much puzzled as to what course he had better pursue, for "when doctors disagree who shall decide?" and it cannot be said in this instance "that in the multitude of counsellors there is safety." The great point of dispute is as to the employment of diuretics. Dr. Johnson, who is the great opponent of this plan of treatment, gives as his reasons that there is "first a morbid condition of the blood, which has excited disease in the kidneys, and that as a secondary consequence of the renal disease the blood has become contaminated by the retention in it of urea and other excrementitious matter," and he therefore advises that the kidneys should have as little work to do as possible, and that the other excretory organs should be called upon to asssist in carrying off the waste products to the utmost of their power.

His treatment consists of—1. Warmth in bed. 2. Diet. "The food should be scanty, consisting of gruel, arrowroot, milk, or weak broth." 3. The use of the warm water or hot air bath, and

antimonials to cause diaphoresis. 4. The bowels to be kept freely open. "The circumstances which indicate the necessity of additional remedies are a very scanty secretion of highly albuminous and bloody urine, with, occasionally, severe pain in the back, more or less pain in the head, some degree of drowsiness or delirium, at length, perhaps convulsions or coma, or an alternation of these two formidable symptoms." For these he recommends cupping on the loins. As regards diuretics, he says: "I mention the subject only for the purpose of deprecating their employment."

Dr. W. Roberts, on the contrary, writes:—"Objections have been made, on theoretical grounds, to the saline diuretics (acetate and citrate of potash) in acute Bright's disease. Experience has proved, however, that they may be employed with great advantage. They become changed in the primæ viæ into alkaline carbonates, and these diminish the acidity of the urine and render it more bland, as it percolates the renal substance.——In a considerable number of cases of acute Bright's disease, coming under treatment early, I have obtained almost invariably the best results by the free administration of the citrate of potash." His treatment is as follows:—"An endeavour should also be made to allay the fever and restore the action of the skin, by a citrate of potash draught, given every two hours, in effervescence, or a mixture of the liq. ammon. acet. in two or three drachm doses, with fifteen drops of the tincture of henbane in an ounce of inf. lini. The diet should be composed of light farinaceous substances, with milk, beef-tea, and broths. Flesh meat in any form is objectionable in the early stages."

Dr. Dickinson bases his method on the necessity there is for an abundant flow of fluid through the kidneys to wash out the extravagant growth of epithelial cells and prevent them blocking up the tubes. "Hydragogue purgatives and vapor-baths, while tending comparatively little to remove the elements especially belonging to the urine, divert the water which is wanted for this purpose. Of all diuretics water is the most valuable. The patient may be restricted to a fluid, but nutritious diet

while pure water is taken freely. In children, when the kidney responds readily to this simple stimulant, the disease will generally recover without further treatment. In grown persons, or in children when the disease is severe, digitalis is a most valuable adjunct." He strongly condemns the employment of hard purging and sweating, and he would reserve the repeated use of hydragogue purgatives for obstinate and hopeless cases only. Dr. West thus criticises Dr. Dickinson's treatment by the administration of a large quantity of water :—" Nothing whatever that was observed during its use among my patients at the Children's Hospital seems to justify one's regarding the drinking of two or three pints of cold water in the twenty-four hours as more than a useful adjunct to the treatment."

From what I have seen of this disease I am inclined to agree with Dr. Dickinson rather than Dr. West, but I cannot too strongly enforce the opinion of the latter as to the inutility of cathartics in the treatment of acute albuminuria, there is the risk of checking perspiration and thus throwing additional work on the kidneys, and sometimes obstinate diarrhœa is set up.

The authorities to whom reference has been made are sufficient, I think, to show the difference of opinion in reference to the use of diuretics in the treatment of acute Bright's disease, for while all are agreed that the more powerful and irritating drugs of this class should not be employed, some advise the use of the milder diuretics, whereas others say most emphatically " Diuretics are not to be given." The diuretics which are usually recommended as the least irritating are the sweet spirits of nitre, cream of tartar, and infusion of digitalis ; if the stomach rejects the digitalis, an infusion four times the strength of the pharmacopœial one may be applied to the abdomen as a fomentation.

Dr. Southey attributes the success of the employment of the tartrate of potash in Bright's disease to the " abundant diuresis of alkaline urine ;" and goes on to say, " I am speculative enough myself to imagine that an alkaline fluid, passing through the urine tubes, has some similar action to that of weak soda or potash solutions upon sections of dead kidney-tissue under the

microscope. I mean, that fat granules are saponified, cells rendered more translucent, the interstitial tissues become more loose, and the circulation is thus facilitated." It was some such idea as this which first induced me to try the plan of treatment I advocate, and the success attending it has induced me to call the attention of the profession to it, in the hope that a more rational plan of procedure may be adopted than the hard purging and sweating which is still too much in vogue. As a general rule, far too little attention is paid by the medical attendant to the diet of the patient, that is to say, the directions given are vague in the extreme, but in acute albuminuria, as in typhoid fever, any indiscretion in the food may be visited with the most severe punishment,—an attack of convulsions may be caused by excess in the first, just as I have seen perforation result from taking solid food too early in typhoid fever. I would sum up the treatment in acute Bright's disease in the following words :—

1. Milk and water with arrowroot, no solid food. 2. Mild diuretics, such as the citrate or bitartrate of potash with a free supply of water. 3. The skin kept just moist. 4. A daily evacuation of the bowels.—*The Practitioner.*

Death from Hæmorrhage into the Bladder.—A curious case recently occurred in the practice of Mr. H. O. Thomas, of Liverpool. An octogenarian consulted him concerning some urinary obstruction, and was advised to go to bed where he would be seen by an assistant. The assistant was despatched, armed with catheters, and passed a No. 12 without difficulty, but was astounded at finding that instead of urine a free flow of blood occurred. The blood was mixed with urine, and a quart was withdrawn, which immediately coagulated. All his veins were very much enlarged, and gorged with blood. He was conscious, but very irritable and unmanageable, and complained of great pain. In the evening, an india-rubber catheter was passed, and a pint of blood was drawn—no urine. The next day feverish symptoms set in, pulse 120. Temperature 103.4.° A catheter was again passed with a like result.

Patient was becoming unconscious and swollen, and after passing the catheter again with the customary result, he died the next day. The only probable theory as to the cause of death is that a rupture of a small vesical vessel occurred which filled the bladder with blood, preventing the entrance of urine, and finally caused uræmia and death.—*Students' Journal.*

Injecting the Male Bladder without the aid of a Catheter.—For the last year Prof. McGuire, of Virginia, has made use of the following simple procedure in injecting the male bladder. He takes the ordinary rubber-bag syringe used to inject the bladder through a catheter, the nozzle of which is provided with a stop-cock, and tapers to a point. The bag is filled with warm water, all the air being carefully excluded, and the nozzle oiled and introduced into the urethra for an inch and a half. The urethra is then gently compressed around the nozzle of the syringe, the stop-cock turned, and by a gentle and continuous pressure on the bag, the water forced along the urethra into the cavity of the bladder. It is important to avoid all rough manipulations, and to inject the fluid slowly. With a little practice the patient can perform the operation quite readily himself. This method of injecting the bladder is especially applicable to those not rare cases in which the introduction of a catheter causes pain or urethral fever. The warm water may be medicated, but it is important to remember that the mucous membrane of the bladder is more sensitive than that of the urethra, and consequently these injections must be milder than simple urethral injections would need to be.

Prof. McGuire has employed this method with advantage in a case of malignant vascular tumour of the bladder, and preparatory to the operations of lithotrity and lithotomy. In a case of severe cystitis following the first of a course of lithotrity sittings, distending the bladder with water by means of a bag syringe was followed by such immediate and great relief that he was able in a few days safely to employ the lithotrite again. In a case of severe strangury, the same proceeding gave almost complete

and immediate relief. It is, however, in cases of cystitis and enlarged prostate that Prof. McGuire anticipates most benefit from this method of injecting the bladder. In these cases, the introduction of the catheter, and its necessary retention in the bladder for some minutes, often cause urethral fever and increased irritability of the bladder that more than counterbalance the good the injection may have done. The frequent introduction of the catheter, moreover, in the case of chronic hypertrophy of the prostate, undoubtedly has a tendency to increase the already existing trouble. In these cases the bag syringe can, with few exceptions, be substituted for the catheter. Four or five ounces of warm water, simple or medicated, are to be injected and retained for a few moments and then expelled. What will remain in the bladder will be, not the phosphatic, irritating urine that was there before the operation, but a small portion of this diluted with water. By repeating the injection the residual fluid can be made entirely unirritating.—*Virginia Med. Monthly.*—*N. Y. Medical Record.*

On the coincidence of Pulmonary Phthisis with Valvular affections of the Heart.—By Ernst Frommolt.—Rokitansky was the first to maintain that certain affections, and notably chronic endocardial diseases were antagonistic to pulmonary phthisis. Already some authors, such as Frederich, Von Dusch and others, have pointed out, but without giving the facts in support, that this assertion is subject to exceptions.

The author has examined 277 cases of heart disease and found most unmistakable pulmonary phthisis in 22 instances. Contrary to the assertion of Lebert, according to whom, affections of the pulmonary valves furnish the majority of the cases of phthisis, the valves the right heart were affected in but one single case: all the others were affections of the left heart.

The conclusions of the author are embodied in the following propositions:

1st. The coincidence of pulmonary phthisis with valvular

affections of the heart is far from being as infrequent as is generally supposed.

2nd. Pulmonary phthisis is rather more frequently associated with affections of the aortic orifice than with those of the auriculo-ventricular opening of the same side. The difference, however, is but slight.

3rd. Simultaneous affections of several of the cardiac orifices is very seldom found together with pulmonary phthisis. Still, stenosis of the pulmonary orifice existing with other valvular lesions seem to form an exception to this rule.—(*Revue des Sciences Médicales*, 15 January, 1876.)

Poisonous condition of the blood of some slaughtered animals.—It has been established by Signol, after prolonged investigation, that the blood of healthy horses which have been either slaughtered or smothered by means of charcoal fumes, left in the cadaver for at least 16 hours, acquires fatal properties if it is injected to the extent of eighty drops into goats or sheep. This blood contains only bacteria, which do not multiply in the animals injected. The blood of the deep veins, situated in the neighborhood of the intestines, becomes more rapidly poisonous than that of the more superficial veins. The blood of animals which have been strangled and not submitted to the carbon fumes, contains bacteria, and the corpuscles are agglutinated together, the circumstances which are looked upon as characteristic of charbon.

At the end of from 6 to 9 hours the blood is not fatal, but already produces abscesses.

The blood of an asphyxiated horse becomes toxic more rapidly than that of one which has been slaughtered.

Blood taken from an animal inoculated and then sick from the effects, does not seem capable of producing the disease; on the contrary, blood taken after its death seemed in most cases to transmit it perfectly.—(*Revue des Sciences Médicales*, 15th April, 1876.).

Glycæmia.—Glycæmia is the result of a physiological function, it has its source in the organism and not in the food.

A communication by M. Cl. Bernard to the Academy of Sciences comprises the following points:

1st. Glycæmia does not differ in carnivorous and herbivorous animals; it is independent of the kind of food. This law is established by numerous experiments which lead the author to the following conclusions:

"Whatever be the nature of the food, in herbivorous as well as in carnivorous animals, during digestion, during abstinence and even during fever, the blood always exhibits almost the same proportions of sugar. These facts seem to me sufficiently distinct to refute the theories which have placed the source of the sugar of the blood in the food, and sufficiently clear to demonstrate that there exists on the contrary, in the living organism, a glycogenic function which maintains and regulates the quantity of the sugar in the blood and renders it independent of the variable conditions of digestion."

M. Bernard then explains the objections which can be made to the different processes, and he passes in review the physiological conditions which can cause the quantity of sugar contained in the blood to vary. Apart from these changes, the proportion of sugar is always sensibly the same.

The comparative conditions in this respect of the blood taken at different parts are the following:

1st. Throughout the arterial system, the blood exhibits a proportion of sugar sensibly identical.

2nd. In the general venous system, the proportion of sugar is variable, but always less than that in arterial blood. Finally, one can conclude that, normally, the venous blood of the limbs, trunk, head and neck, contain less sugar than corresponding arterial blood; so that the saccharine matter is destroyed in all these organs in proportions undoubtedly variable, but sufficiently difficult to determine.—*Gazette Hebdomadaire*, 18th August, 1876.

Malformation of the Small Intestine.—M. Polaillon communicates to the Chirurgical Society of Paris an observation on malformation of the small intestine, with operation for artificial anus by the method of Littré. Five hours after birth the infant vomits meconium, although the anus was permeable and normal. The day after birth the belly was distended; vomiting. An enema produced a discharge of only a small quantity of mucus. The third day the infant has sunken eyes; there are established all the signs of intestinal obstruction. A flexible bougie, introduced by the anus, penetrates 10 centimetres. Fæcal vomiting. M. Polaillon seeing that he had to do with obstruction of the gut, performed the operation for artificial anus by the method of Littré. The knuckle of the intestine is fixed to the wound and cut. Escape of intestinal matter; the infant seems to be relieved; he dies during the day. The small intestine was interrupted about its middle by a complete membrane; between the stomach and this membrane the intestine measures 86 centimetres; between the obstruction and the cæcum, 64 centimetres. Malformations of the small intestine are rare at this point; ordinarily they are found in the region of the duodenum. This observation demonstrates that meconium exists in the upper part of the small intestine, and probably comes from the liver.—*Gazette Hedomadaire,* 18th Aug., 1876.

Treatment of Certain forms of Acne.—Dr. Chantry claims that he has obtained gratifying success in the treatment of rebellious cases of acne of the tuberculous and hypertrophic variety, by the use of iodide of sulphur internally in combination with Hardy's lotion externally. He gives at first one, then two or three of the following pills: R. Sulphur. iodid., gr. ss.; Extr. solani dulcamaræ, gr. ij. M. He employs also the following lotion: R. Aquæ, ℥ iijss.; Tr. benzoin, ℥ i. Potass. sulphuret. M. A teaspoonful in lukewarm water, to be used morning and evening. (Hardy). If this lotion causes too much irritation, it must be replaced by lotions of filtered bran-water. In some cases the iodide of sulphur causes gastralgia,

and its use must be discontinued; but if this does not occur, a noticeable amelioration of the affection is found in about twelve or twenty days. The hard, purple elevations which surround the tubercles slowly soften and become less swollen, the usual desquamation of the epidermis takes place, and soon nothing remains but a diffuse, pale congestion, which disappears slowly, and is often succeeded by triangular cicatrices.

In a case of acne rosacea of the face, of nine months duration, which had resisted several methods of treatment, the iodide of sulphur could not be borne, and iodide of potassium was given instead, in doses rapidly increasing to a drachm a day. At the same time the diseased parts were rubbed briskly every evening with sulphur pomade (15 sulphur to 30 lard). In fifteen days the cure was almost complete, and two months later there had been no return of the disease.—*Lyon Médical.—N.Y. Medical Record.*

The Etiology of Herpes Zoster.—Barensprung, as is well known, was the first to express clearly the connection between the coursé of the nerves and their affection, and to place it on a proper anatomical basis. He had, in 1861, from an analysis of 50 cases, established theoretically a corresponding affection of the intervertebral ganglia in herpes on the course of the spinal nerves, and of the Gasserian ganglion in zoster on the territory of the trigeminus. Two years later this view was confirmed by finding inflammation of the spinal ganglia and commencement of the dorsal nerves in an individual who had died of phthisis and with zoster dorso-pictor. Since this time three cases have been published with post-mortem reports, in all of which there was found an inflammatory condition of the spinal ganglia and roots of the affected nerves.

Kaposi publishes (*Wien. Med. Jahrbb.*) the clinical history and post-mortem appearances in a case of *zoster lumbo-inguinalis* with disease of the spinal ganglia, which is all the more remarkable, as there was not, as in the other cases, any local complication.

The patient, a man 54 years of age, suffering from stricture, and false passage, died on the 9th day after the appearance of the zoster, which affected the right lumbo-inguinal region, of pyæmia, in consequence of purulent infiltration of the scrotum and penis. There was found moderate hyperæmia of the spinal cord and its membranes in the lumbar region; vertebræ, dorsal and lumbar, unaffected, so also the soft parts in the region of the pelvis, the vessels, and the intervertebral ganglia of the left side. The ganglia of the right side were notably enlarged, denser, and with difficulty removed from the closely adherent adipose tissue. The microscopic examination showed the pathological changes to be most intense in the second and third lumbar ganglia, evident also in the last dorsal and first lumbar and only just perceptible in the fourth and fifth lumbar ganglia. These changes consisted in an evident hyperæmia and extravasation in the peri and intra-gangliar fat tissue, less in the connective tissue, also exudation and hæmorrhage in the ganglion capsules and cells, causing a retraction of the latter from the former and finally in a paleness and degeneration of the protoplasmic bodies of the ganglion cells.—*Schmidt's Jahrbücher*, 27 July.

Inflammation of the Breast in Young Men.—This affection, though not very rare and easily treated in the majority of cases, sometimes is most difficult to treat successfully; in books on surgery it is but slightly noticed. Mastitis is most frequently the result of a blow, but still many cases come under observation in which it arises from no known cause. It often occurs in healthy youths about the time of puberty, and is accompanied by most severe pain, slight fever, and swelling of the glands of the axilla; the breast is very tender to the touch, and feels hard and knobby. Mastitis generally ends in resolution, hardening or suppuration, and frequently recurs in the same individual. The treatment is simple. If the patient cannot bear cold applications, warm fomentations may be frequently applied. After the pain and inflammation has somewhat subsided, apply a mercurial plaster over the breast and give iron and quinine internally.—*Wentsche Zeitscher (Chir.), quoted in Schmidt's Jahrbücher.*

Treatment of Umbilical Hernia in Infants.—Dr. Giuseppe Rapa says he has, for the last twenty years, been in the habit of treating umbilical hernia of children in the following way:—After the child has been washed, the mother holds it in her lap with the shoulders to the left side and pelvis on her right knee; with her left hand she fixes the upper extremities of the child, and with the right the lower. The surgeon should then paint the hernia and its neighborhood with collodion. The hernia is then reduced, and a compress dipped in collodion applied over it and held in its place for about three minutes by an assistant. The compress should be held in its place by long strips of adhesive plaster, which should meet at the spinal column, and over this a broad roller is applied and the whole surface of the roller painted with collodion.—*Revue Clinicale, 2nd Series, quoted in Schmidt's Jahrbücher*, 1876.

The inutility of Cutting the Frænum in new-born infants, by Dr. Bailly:—The author thinks that division of the *frænum linguæ* is perfectly useless in new-born children, and can even become dangerous in cases in which the deep parts are divided, which contain important vessels. According to M. Bailly the frænum has no effect on suction and on articulation of words. Relative to suction it is to be remarked that very often a very decided frænum is only recognized at the end of several days during which the child has not failed to suck quite regularly. Sometimes, even, it is only at the end of several months that chance discovers this condition in children otherwise thriving,—proof, that as far as sucking was concerned there was no inconvenience. It is scarcely supposable otherwise, considering its extensive frequency, that the frænum does escape notice in plenty of children in country districts where the doctrine which concerns it has not penetrated, and where, were it recognized, no one would probably be found capable of performing the operation; a condition which does not prevent infants from nourishing themselves and thriving like others.

M. Bailly inclines to believe the reproach is no better founded

as to its effect on the articulation of words. Although having less complete evidence in regard to this, he cites the case of a woman of twenty-six years who has no defect of pronunciation, and whose tongue cannot pass beyond the line of the teeth.—*Bulletin de Therapeutique*, 15th July, 1876.

Hyoscyamine.—Dr. Petois relates two cases of uncontrollable vomiting in pregnancy, which were cured completely by hyoscyamia after all the usual remedies failed. He gave a teaspoonful hourly of a mixture containing five milligrammes of hyoscyamia in 125 grammes of water.—*L'Union Medicale, Sept.*, 1875. (*Edinburgh Medical Journal*)

Bicarbonate of Soda in Toothache.—Dr. Dyce Duckworth records a case of severe toothache, which was almost immediately cured by the application of a solution containing about half a drachm of bicarbonate of soda in an ounce of water, after other remedies as chloroform, etc., had failed.—*Practitioner, April*, 1875.

Hyposulphite of Soda in the Treatment of Boils.—Dr. S. Duncan Bulkeley states that hyposulphite of soda, in doses of thirty grains three or four times a day, largely diluted, and on an empty stomach, is the treatment mainly adopted by him for preventing the formation of boils. Should this fail, he gives large doses of quinine.—*American Practitioner, May*, 1876.

Nitrate of Soda in Dysentery.—Dr. Caspari gives large doses of nitrate of soda in acute dysentery, and finds that it is as effectual in rectal as in the intestinal forms of the disease. He gives from three to six drachms in divided doses in twenty-four hours. The solution should be warm.—*Bull. Gén. de Thér.* (*Edinburgh Medical Journal*)

CANADA

Medical and Surgical Journal.

MONTREAL, NOVEMBER, 1876.

THE HEREDITY OF SYPHILIS.

Every one who has carefully studied the discussion on syphilis in the Pathological Society of London last spring will be struck by the divergence of opinions expressed by men who have justly earned the right to speak with authority on the subject. Indeed the only safe conclusion that can be drawn after weighing the dicta of so many profound thinkers is that the whole subject still remains to be worked over both by the clinicist and pathologist before any syphilogical doctrine hitherto advanced can be accepted as complete and satisfactory. The investigation of clinical facts concerning syphilis is, perhaps, attended with greater and more numerous obstacles than are met with in the case of any other disease.

The frequent tendency of syphilitic patients to distort or conceal the truth from feelings of shame, distrust or otherwise, the inexpediency of pushing inquiries to such an extent as will excite awkward suspicions on the minds of the patient's friends or relations, the long duration of the affection, and lastly its liability to become modified by individual peculiarities of constitution or in consequence of treatment, presents an array of difficulties which might well appal the stoutest-hearted searcher after truth. For the pathologist the whole story of acquired secondary syphilis, at least, is almost a closed book. This fact, though, perhaps a fortunate one, is a serious impediment in the way of ascertaining the exact connection between secondary and tertiary syphilis.

With so wide a field for research, and so important a subject

let us hope that the laborers will not be few, nor their harvest of fresh facts a scanty one. The question of heredity is one of the most important in connection with syphilis, and yet it is one of the least settled, probably because syphilographers are as a rule not favourably situated with regard to their patients, for the purpose of making sufficiently protracted observations. In this respect the general practitioner could avail himself of his better opportunities of watching the results of syphilitic marriages, and by keeping an accurate record of the same materially aid in the settlement of such problems as the following, and many others of equal practical importance :

Can a woman bear a syphilitic infant without becoming infected herself ?

What length of time must elapse before a syphilized man can marry without danger of transmitting syphilis to his offspring ? Is congenital syphilis capable of being transmitted to the third generation ? Does syphilis ever cause scrofula or tuberculosis ?

In the selected matter of this month will be noticed an article translated from the " Centralblatt," on the inheritance of syphilis, by a German writer of some note, Dr. Kassowitz, and although many of his statements are open to criticism, the article in question will repay perusal.

According to this writer a woman may contract syphilis during pregnancy, and suffer from the usual constitutional symptoms, and still give birth at term to a perfectly healthy child. This, if true, is a most remarkable fact, but we are inclined to think the element of time has probably been neglected in the investigation of this point,—that the immunity of the infant under such circumstances, is apparent though not real, for if the law of Colles, enunciated in the year 1837, be accepted, that syphilitic infants nursed at the breast often infect the breast of the wet nurse, but never that of their own mother, the conclusion is irresistible that the mother has also been syphilized, although she may not have shown any secondary symptoms, or as Mr. Jonathan Hutchinson expresses it : " Syphilis thus acquired by blood contagion from the fœtus would appear to be for the mother, parallel with vaccination with regard to small-pox, she gains immunity without suffering from any severe form of the disease."

But let us suppose the order to be reversed, and the mother's blood becomes contaminated with syphilis whilst she is carrying a healthy fœtus in the womb, there is surely no reason why the fœtus should not pass through a similar process and gain protection in the same way ; if so one of two things would be necessary before a child born under these circumstances could be pronounced free from syphilis. It would be necessary to test the fact by inoculation, or to await the advent of some of the later signs of inherited syphilis, such as interstitial keratitis, which it is now well-known may sometimes be delayed until middle life. It is not, however, our intention to discuss all the questions raised in the paper alluded to, inasmuch as it is fresh clinical facts that are wanting for their solution, and without these we cannot hope to advance our knowledge of this important subject beyond its present uncertain boundaries.

OUR CIVIC SMALL-POX HOSPITAL.

We should like to ask the Chairman of the Health Committee one or two pertinent questions. For what purpose has the Civic Small-pox Hospital been constructed. Is it intended simply as a place to which to remove all the unfortunates afflicted with the dread disease, leaving them to the strength of their constitution to determine whether they shall live or die ? Or is it really meant to be what its name implies—a Hospital—that is to say, a properly governed institution for the medical care, and if possible the cure of those admitted to its wards ? If the former, we have nothing more to say. If the latter, we must be permitted to observe that we fear, that, as at present conducted, it fails to fulfil its object.

It is but recently that we have made ourselves acquainted with the actual mode of furnishing medical attendance to the patients at the Small-pox Hospital. It will be remembered by many of our readers that some months ago one of our two health-officers was permitted by the Board to omit all attendance at these Hospitals, on the ground that it interfered with his private practice. Since that time we have always been under the im-

pression that the other official Dr. Larocque, was in regular attendance there. We now, however, learn to our surprise that no regular visits of a medical officer are made at all. He goes only when sent for by the matron, in the meantime the patients take care of themselves. A medical friend of ours recently sent a patient there, and nearly a fortnight afterwards was puzzled at getting a message requesting him to come to the hospital and say if he were well enough to go out. On going he was told by the patient that he had seen the medical officer but once since his admission. Now we contend that this is essentially wrong, and is a great injustice to those who go and to those who send patients there for treatment (?). Can it be wondered at, that people refuse to go if this is the way they are to be treated ?

The excuse given for this is that the matron can always judge when any one is sick enough to require medical aid ! Can we believe that, if the public knew the facts they would consent to allow the bestowal or not of medical attendance upon their friends to depend upon the discretion of the female superintendent ?

We cannot for one moment admit that the duties of a medical attendant of such an establishment are fulfilled by his simply making a hurried visit when particularly asked to do so by the matron. We desire rather to see it a portion of his regular duties regularly performed, to exercise a constant and intelligent supervision over the entire hygienic, dietetic and medicinal regime of the Institution. He should most unquestionably be obliged to acquaint himself daily with the condition of all the patients, and to see that all their requirements are punctually attended to in accordance with his directions.

This is what is expected from the attending physicians of the General Hospital (who attend gratuitously) and why should not the same be demanded here ? When the Montreal General Hospital had charge of the small-pox patients, the Governors paid a physician a fair sum for attending upon them, but insisted upon his visiting *twice daily* through the entire wards. How thoroughly this duty was then performed, all connected with the Hospital very well know.

Whilst on this subject we would further remark that this public Institution in which it is of the most vital importance to retain the public confidence, is entirely without any of those salutary checks (periodical inspections and reports) which obtain in the case of most other public establishments. It might not be amiss to take into consideration what would be the best means for carrying out some such inspection and periodical report to the public on the subject.

We do not desire to criticize more than we can help, but there is one other point which we would like to mention. The matron is permitted to compound and dispense all the drugs and medicines required in the house. This lady, whatever her qualifications may be (and we are ready to admit them), in regard to energy and capability for governing and managing the general affairs of the house, has certainly had no medical education whatever, and knows nothing of the nature and properties of medicines. It is not right that responsible work of this kind should be performed by one possessing no qualifications for it. Either the medical officer in charge should do the work himself or have some other competent person to do it for him.

We hope that Alderman McCord will see his way to make some changes in the directions we have indicated, for we are sure that upon proper consideration, they will be found to be most just and reasonable.

THE NEW CORPORATION BY-LAW.

We observe that a by-law is proposed by the City Corporation, whereby a fine of forty dollars or two months' imprisonment is to be imposed on all practitioners of Medicine of the City of Montreal for the neglect to report to the Health Committee, within twelve hours of its occurrence, every case of infectious disease. We cannot think that the by-law will be permitted to pass in its present shape, as it will, in our opinion, lead to endless litigation. What is meant by infectious disease ? If it is limited to small-pox and typhus fever, let us understand it to be so, but even so, we hold that it is no part of a physician's duty to report to the Health Committee any of the private concerns of his patients. We fear if this by-law is passed that it will not

work, as we should suppose that the majority of physicians would resist its enforcement. What are we coming to, with two health officers, and a health committee, yet are we without a head that can give counsel to the citizens on health matters.

Quite recently a young man was taken with small-pox in a boarding-house in Bleury street. His physician at once procured a private room in the Civic Small-pox Hospital, and had him removed thither in that vile and hideous vehicle provided for the purpose and called the city small-pox van. Five days after the removal of this gentleman a couple of sanitary officers went to the house, put up posters with the words small-pox in French and English and threatened the mistress of the establishment with fine and other penalties if she dared to remove the notices. Now this appears to be wrong. The city officials should not be instructed to resort to such measures. There was no small-pox in the house, nor was it likely that there would be, every precaution had been taken. The room had been cleansed and disinfected, the bedclothes and furniture removed, and it was a gross injury to the proprietor of the house as well as the whole neighborhood, as it was calculated to create unnecessary alarm.

We certainly think that if persons determine not to remove their friends to a proper place provided for them by the city, then would the authorities be perfectly justified in notifying the neighborhood that small-pox was certainly in that house; but to placard a house with posters intimating that small-pox was in that house, when it was not so, is, to say the least, calculated to do damage to individuals, a damage which could, we should suppose, be remedied by an action at law. If this rule is to be carried out in all instances, we should say that there would be a goodly lot of houses disfigured with posters bearing the words *picotte, small-pox.*

THE PHYSICIAN'S VISITING LIST FOR 1877;

LINDSAY & BLAKISTON, PHILADELPHIA.

We have received a copy of this most useful little book, and as we deem it indispensable to the Physician in active practice, we hasten to notice it. It is in the same style as its predecessors, this being the twenty-sixth year of its publication. The contents are an almanac, table of signs, Marshall Hall's ready

method of treating asphyxia. A list of poisons and their antidotes, and a most useful table for calculating the period of gestation.

Then follow blank leaves for visiting list, for every day in the year. Monthly memoranda, addresses of patients and others, nurse's addresses, accounts asked for, memoranda of wants, obstetric engagements, vaccination engagements, a few sheets for record of births, also for record of deaths, and general memoranda. Messrs. Lindsay & Blakiston, in their announcement state the list can be had to contain a record of from 25 to 100 patients weekly. They publish also an interleaved edition which will be found of great service to the busy practitioner, as in it he can keep short notes of cases, to be transferred or written out at greater length in his proper note-book. It is an exceedingly handy little book, can be carried in the pocket. It has attached a pocket and pencil. The price is very moderate, ranging from one dollar, the price charged for a book intended for 25 patients weekly, up to three dollars for two volumes for 50 or 100 patients per week. It is to be procured by ordering direct or through Dawson Bros., St. James St.

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Dr. Stark writes to correct a mistake which occurred in the October Number of this Journal in the formula which he gives for the treatment of Gonorrhœa.

The formula should be as follows:

℞. Ol. Erigeron. Canad. ℥iij; Ol. Lig. Santal. ℥iss; Spt. Vini Rect. ℥iss; Syr. Simpl. ad ℥iij. M.

Flavour with essence of wintergreen. Shake before using. A teaspoonful every three or four hours.

It will be seen that the amount of Ol. Santal. Lig. is much diminished in the formula, being ℥iss instead of ℥iss, and the quantity of spirit is increased, being ℥iss instead of ℥i.

He also sends the particulars of two other cases, being Nos. 6 and 7 of the series. In No. 6 the discharge ceased in five days, and in No 7, in seven days and a half.

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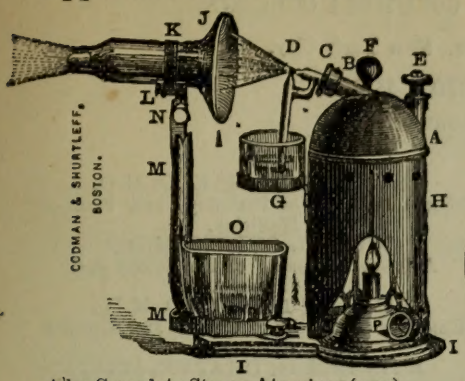

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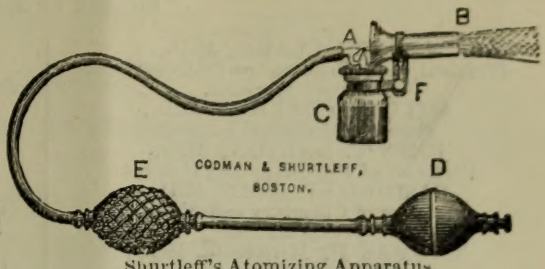

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A. BRAYTON BALL, M.D.,
Lecturer on Diseases of the Kidneys.

ROBERT F. WEIR, M.D.,
Lecturer on Diseases of the Genito-Urinary Organs.
MATTHEW D. MANN, M.D.,
Lecturer on the Microscope as an Aid to Diagnosis.
H. KNAPP, M.D.,
Lecturer on Diseases of the Eye and Ear.

The Collegiate Year embraces a Special Spring and a Regular Winter Session, attendance at the latter only being required for the graduating course. The Spring Session begins near the middle of March, and continues till June 1. The Regular Winter Session for 1876-77 begins Monday, October 2, and continues till March, when the College Commencement is held.

Tuition is by the following methods: I. Didactic Lectures with Demonstrations. During the Winter Session, from five to six lectures are given daily by the Faculty on the seven general branches of Medical Science. Attendance obligatory. Fees, $20 for the course on each branch, or $140 for the entire curriculum. During the Spring Session two lectures are given daily by the Faculty of the Spring Session. Fees, each branch, $5, or $30 for the whole. II. Clinical Teaching. This important subject receives the fullest attention. Ten Clinics, covering all departments of Medicine and Surgery, are held weekly, throughout the entire year in the College Building. In addition, the Faculty, being strongly represented on the staffs of the larger City Hospitals and Dispensaries, (such as the Bellevue, Charity, and Roosevel Hospitals, the New York Eye and Ear Infirmary, &c.,) give daily systematic clinical lectures in one or more of these Institutions, as a regular feature of the College curriculum. Attendance at clinics is optional, and without extra charge. III. RECITATIONS are held daily, throughout both Sessions, by a corps of Examiners. Attendance optional. Fees, Winter Session, $40. Spring Session, $30. Collegiate Year, $60. IV. PERSONAL INSTRUCTION.—*Practical Anatomy* is taught from October to May, and every student is expected to dissect. Fee $10, good for a Collegiate year. Cases of Obstetrics are furnished to advanced students, without charge. Practical Chemistry is taught in the Spring. Fee, $15. Personal Instruction in *Operative Surgery*, *Minor Surgery*, *Physical Diagnosis*, *Ophthalmology*, *Otology* and *Laryngoscopy* is also given by Special Instructors, for moderate fees. Attendance optional.

EXPENSES.—The necessary Collegiate Expenses are the yearly Matriculation Fee ($5, good for a Collegiate year), and the fees for the Lectures of the winter session, ($20 for the course on each Branch, or $140 for the entire curriculum.) A *Graduation Fee* of $30 is also charged. The Graduating course requires three years study, and attendance upon two courses of Lectures on each of the seven branches of the winter curriculum. Remissions and reductions of lecture fees are made to graduates, theological students, and students who have already attendedtwo full courses.

ALL FEES ARE PAYABLE IN ADVANCE. Board can be had for from $6 to $9 a week, and the Clerk of the College will aid students in obtaining the same.

For the Annual Catalogue and Announcement, or for further information, address

EDWARD CURTIS, M.D.,

Secretary of the Faculty, College of Physicians and Surgeons,
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SESSIONS OF 1876-'77.

THE COLLEGIATE YEAR in this institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1876-1877 will commence on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, September 27, 1876, and end about the 1st of March, 1877.

Faculty.

ISSAC E. TAYLOR, M. D.,
Emeritus Professor of Obstetrics and Diseases of Women and Children, and President of the Faculty.

JAMES R. WOOD, M. D., LL.D.,
Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D.
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery and Clinical Surgery.
Diseases of Genito-Urinary System.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M.D.,
Professor of Obstetrics & Diseases of Women and Children and Clinical Midwifery.

EDMUND R. PEASLEE, M.D., LL., D.
Professor of Gynæcology.

WILLIAM M. POLK, M.D.,
Professor of Materia Medica and and Therapeutics and Clinical Medicine.

AUSTIN FLINT, Jr., M.D.
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

ALPHEUS B. CROSBY, M.D.,
Professor of General Descriptive & Surgical Anatomy.

R. OGDEN DOREMUS, M. D., LL.D.
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, Etc.

HENRY D. NOYES, M.D.,
Professor of Opthalmology and Otology.

JOHN P. GRAY, M.D.,
Professor of Psychological Medicine and Medical Jurisprudence

EDWARD L. KEYES, M.D.,
Professor of Dermatology, and adjunct to the Chair of Principles of Surgery,

EDWARD G. JANEWAY, M.D.,
Professor of Practical Anatomy
[Demonstrator of Anatomy.]

LEROY MILTON YALE, M.D.,
Lecturer Adjunct upon Orthopedic Surgery.

A. A. SMITH, M.D.,
Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of Clinical and didactic teaching. All the lectures are given within the hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session will consist chiefly of recitations from Text-books. This term continues from the middle of March to the end of June. During this session there will be daily recitations in all the departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

FEES FOR THE REGULAR SESSION.

Fees for tickets to all the Lectures during the Preliminary and Regular Term including Clinical Lectures	$140 00
Matriculation Fee	5 00
Demonstrator's Ticket including material for Dissection	10 00
Graduation Fee	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter	$ 5 00
Recitations, Clinics and Lectures	35 00
Dissection, (Ticket valid for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation, and other information, address the Secretary of the College, Prof. Austin Flint, Jr, Bellevue Hospital Medical College.